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	UNIFORM HAZARDOUS WASTE MANIFEST CARDON SIDE OF THE PROPERTY	Manifest Document No	2. Pa	ge 1 Informa is not law.	tion in th require	ne shaded area d by Feder
3.	Douglas Aircraft Co. 190th & Normandie Ave.		A.Ola	te Manifest D 492420 te Generator's	96	t Number
	Generator's Phone (213 533-6677 Torrance, CA 90502 Transporter 1 Company Name 6. US EPA ID	Number	C Sta	te Transporter	's ID	64166
	J. C. Liquid Wasee Disposal C A D 0 5 0 0		D.Tra	nsporter's Pho	ne	
7.	Transporter 2 Company Name 8. US EPA ID	Number		e Transporter		3 268-313
9.	Designated Facility Name and Site Address 10. US EPA ID	 Number		nsporter's Pho te Facility's ID		
	Triple J 3650 E. 26th St. UCATOSOO.		H.Fac	ility's Phone		
11.	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Num	_ 12.Cont	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No
a.	Hazardous waste 11quid NOS ORM-E NA9189	001	TT	05000	G	221
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	Additional Descriptions for Materials Listed Above		V 12a	dling Codes fo	1 10/22	an Lintad Ab
u.	Alkaline Soap 5%		IN. Flai	idining Codes it	n wasu	as Eisieu Au
	Grease 2%			MI		
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	011					
15.	Mater 90%. Special Handling Instructions and Additional Information					
15.	Mater 90%. Special Handling Instructions and Additional Information Guide #31		na or	imbala fo	mac	
15.	Mater 90%. Special Handling Instructions and Additional Information		ne or	imhale fo	umes.	
	Mater 90% Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near Return to Douglas	open flan				
	Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near Return to Douglas GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignation between the contents of the conte	open flan gnment are full and are in all re	y and a	ccurately descr	ibed	
	Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near Return to Douglas GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignation above by proper shipping name and are classified, packed, marked, and labeled, for transport by highway according to applicable international and national of	open flan gnment are full and are in all re	y and a	ccurately descr	ibed ition	Date
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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

STEAM SLAB

CL-750 86 JCI-9 JUAN Department of Health Services Toxic Substances Control Division Sacramento, California

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3. 4.	190th & 1	Aircraft Co. Normandie Ave. , CA 90502		87	e Manifest I 19242 e Generator'	96	nt Nur	nber
5.	Transporter 1 Company Name 6	ber	C.State	e Transporte	r's ID	600	16/3	
7.	J. C. Liquid Masee Disposal Transporter 2 Company Name 8	C A D O S G O 1 8 US EPA ID Num		E.State	sporter's Ph Transporte	r's 1 021		
$\left\ \cdot \right\ _{9}$	Designated Facility Name and Site Address 1	0. US EPA ID Num			sporter's Ph e Facility's I			
9.	Triple J 3650 E. 26th St.	0. US EPA ID Num			lity's Phone			
11	US DOT Description (Including Proper Shipping Name, Ha	azard Class, and ID Number)	12.Conta No.	iners Type	13. Total Quantity	14. Unit Wt/Vol	Wa	I. aste No.
E a. N E R	Hazardous waste liquid NOS ORM-E	NA9189	001	77	05000	6	,	221
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1	Additional Descriptions for Materials Listed Above			K Hany	iling Codes f	or Wast	es list	ed Above
	Alkaline Soap 5% Grease 2%			(C) Jan	illing occord	O Wast	CO LIGI	eu Above
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110	15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or imhale fumes. Return to Douglas							
16	. GENERATOR'S CERTIFICATION: I hereby declare that the above by proper shipping name and are classified, packed for transport by highway according to applicable interr	i, marked, and labeled, and a	e in all re	spects i	n proper conc	ribed lition		
	Printed/Typed Name Donald C. Gerber	Signature			Transfer of the second	10 10 10 10 10 10 10 10 10 10 10 10 10 1	 Month 	Date Day Yea
T 17	Transporter 1 Acknowledgement of Receipt of Mate Printed/Typed Name			N.J	Marian de la co		Month	Date Day Yea
S	Sam T Komuno 53530	Alexander for		· ·	2230		(*) · **	1.7 28
2 18	. Transporter 2 Acknowledgement of Receipt of Mate Printed/Typed Name	rials Signature	Sec. 2	99	97° Yes			Date Day Yea
10	. Discrepancy Indication Space						·	· -
F A	. Discrepancy malounon opaco							
2 Processor	. Facility Owner or Operator: Certification of receipt of hazitem 19.	zardous materials covered b	y this ma	nifest e	xcept as note	ed in		115.05%
₹ <u> </u>	Printed/Typed Name	Signature						Date Day Yea
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